

The County of San Diego

Terminal Pay Retirement Program Request Form

A. Participant's Name (Last, First, M.I.) _____

Date of Birth _____ Social Security #: _____ Employee ID # _____

Mailing Address _____ City _____ State _____ Zip _____

Phone No.() _____ E-mail Address: _____

Age at Date of Retirement _____ Date of Retirement _____ Bargaining Unit # _____

B. Method of Payments:

- ☐ 1. Lump sum cash payment
- ☐ 2. Direct rollover of the entire amount
- ☐ 3. Partial rollover of _____%, with the remainder balance as a lump sum cash payment
- ☐ 4. Sixty (60) equal monthly payments without interest

(Complete below if option 2 or 3 above is selected)

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> San Diego County 457 Plan | <input type="checkbox"/> County of San Diego 401(a) Plan | <input type="checkbox"/> _____ IRA |
| _____ % Hartford | _____ % Hartford | |
| _____ % T. Rowe Price | _____ % T. Rowe Price | |

(Complete below only if you elected an IRA or another employer plan)

Make Check Payable to: _____

Account Number: _____

Mail Check to:

Financial Institution or Plan Name _____

Address _____

Note: The rollover amount will be credited to your account according to your current Investment Election. If you want to change your Investment Election, please call your plan provider.

C. Beneficiary Designation

Primary Beneficiary(ies):

☐ Single

☐ Married *

* **Note:** If you are married and designate someone other than your spouse as a primary beneficiary, your spouse's consent is required and it must be notarized.

1.	<hr/>	<hr/>	<hr/>
	Name	Social Security Number	Date of Birth
	<hr/>	<hr/>	
	Relationship	Percentage	
2.	<hr/>	<hr/>	<hr/>
	Name	Social Security Number	Date of Birth
	<hr/>	<hr/>	
	Relationship	Percentage	

(Please attached a separate sheet if you have more than 2 primary beneficiaries)

Secondary Beneficiary(ies) (If You Are Not Survived by Any of Your Primary Beneficiary(ies)) to receive Benefits Not Paid to Primary Beneficiary(ies):

☐ Single

☐ Married **

** **Note:** If you are married and designate someone other than your spouse as a secondary beneficiary, your spouse's consent is required and it must be notarized.

1.	<hr/>	<hr/>	<hr/>
	Name	Social Security Number	Date of Birth
	<hr/>	<hr/>	
	Relationship	Percentage	
2.	<hr/>	<hr/>	<hr/>
	Name	Social Security Number	Date of Birth
	<hr/>	<hr/>	
	Relationship	Percentage	

(Please attached a separate sheet if you have more than 2 secondary beneficiaries)

D. Participant Authorization

I hereby authorize that payment be made to me as indicated in Section (B). I have received the Special Tax Notice Regarding Plan Payments. I understand that if I do not elect a ***direct rollover*** of my benefits, there will be a mandatory 20% Federal Income Tax withholding and possible state income tax withholding on my benefits.

This also authorizes the exchange of my retirement data with the San Diego County Employees Retirement Association (SDCERA).

Participant's Signature

Date

E. Plan Administrator or Representative Authorization:

You are authorized to withdraw the amount necessary to pay the benefit as indicated above in accordance with the terms of the Plan. I certify that the above data is true and accurate to the best of my knowledge and that I have obtained any spousal waiver consent forms that may be required by State and Federal law.

Plan Administrator's Signature

Date

Return to:

Public Agency Retirement Planning, Inc.
5777 W. Century Blvd. Suite 232
Los Angeles, CA 90045

(800) 590-1770 (toll free)
(310) 216-6875 (fax)
sandiegotpp@aol.com

COUNTY USE ONLY